

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm	12)	6/18/00
O.I.P.E. CLASSIFIER			6/12/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	128	000080	9/5/01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/21/00
2	✓	✓	12/20/00
3	✓	✓	12/11/00
4	✓	✓	9/25/00
5	✓	✓	5/2/01
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	

Claim	Final	Original	Date
50	✓	✓	8/21/00
51	✓	✓	12/20/00
52	✓	✓	12/11/00
53	✓	✓	9/25/00
54	✓	✓	5/2/01
55	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
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106	✓	✓	
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145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)